To be filed with the SECRETARY OF THE STATE not later than 4 p.m. on the fourteenth day after the close of the town committee meeting, caucus, or convention (or if such fourteenth day is a Saturday, Sunday or legal holiday, not later than 4 p.m. on the next succeeding business day), in accordance with §§9-391 and 9-2 of the General Statutes. NOTE: this form is to be used only by the party-endorsed candidate for the municipal (single-town) office of State Representative (i.e., Assembly Districts which do not cross town lines).

CERTIFICATE OF PARTY ENDORSEMENT	
At the [check one] town committee meeting acucus town convention	
of the REPUBLICAN PARTY	
for the [insert Assembly District Number] Obstrict number Assembly District,	
held at HARTERD MUNICIPAL BUILDING, SSO MAINST, HARTERSON the 18774 day of May, 2016, (location of meeting)	
I was endorsed by such endorsing authority as candidate for nomination to the office of	
State Representative for said district, for the State Election to be held	
on November 8, 2016; and I authorize my name to appear on the ballot as printed or typed below:	
Russell Williams 483 Broadview Terrace Hartford (Cip) (Print or type name in (Full Residence Address-Street) (Town) (Zip) exactly the form in which you authorize it to appear on ballot) Dated at HARTFORD , Connecticut, this 125 day of May , 2016.	
Signature of Candidate OR Signature of Candidate Signature of Chairman or Presiding Officer of Meeting	

IMPORTANT: If this certificate, properly completed, is not received by the SECRETARY OF THE STATE by the deadline indicated above, the party shall be deemed to have made NO ENDORSEMENT OF ANY CANDIDATE for the office. (§9-391)

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CERTIFICATE OF PARTY ENDORSEMENT

At the [check one] town committee meeting caucus town com	nvention
of the DEMOCRATIC PARTY	YA YA
for the [insert Assembly District Number] (District number) Assembly District,	20 A
for the [insert Assembly District Number] (District number) Assembly District, held at City Hall, 550 Main St., Hartford on the 2016,	ne <u>/9^{TA} day of May,</u>
(location of meeting)	(date)
I was endorsed by such endorsing authority as candidate for nomination to the	e office of
State Representative for said district, for the State Election to be held	
on November 8, 2016; and I authorize my name to appear on the ballot as	printed or typed below:
EDWIN VARGAS 141 Douglas St. Hur (Print or type name in (Full Residence Address-Street)	Hord 0611
(Print or type name in (Full Residence AddressStreet) exactly the form in which you authorize it to appear on ballot)	(Town) (Zip)
Dated at //wtford , Connecticut, this Mm day of M	AY, 2016.
ED. Var	yel.
Signature of Signature of Signature of Signature of Signature of Secret	Candidate
**********************	*******

IMPORTANT: If this certificate, properly completed, is not received by the SECRETARY OF THE STATE by the deadline indicated above, the party shall be deemed to have made NO ENDORSEMENT OF ANY CANDIDATE for the office. (§9-391)